

STATE HOSPITAL STUDY

PUBLIC MEETING HELD IN ANOKA, MINNESOTA

Whereupon, the following meeting was duly had
in Anoka, Minnesota, City Hall, on the 6th day of
September, 1984, commencing at 7:00 p.m., before Lorie M.
Jensen, Notary Public, Ramsey County, Minnesota.

Whereupon, the following proceedings were duly had and made a part of the record, to-wit:

PUBLIC COMMENTS:

AUDIENCE: Is the call number for the 800 going to be given?

MS. KARLINS: Yes. Did you get a program?

AUDIENCE: No.

MS. KARLINS: It's on the bottom of the program. It's 1-800-652-9747. And you ask for the State Hospital Study and they'll then connect you with our office. That's on the 16th of October from 7:30 in the morning until 5:00 in the afternoon.

AUDIENCE: I went through the chemical dependency program at Anoka State Hospital. I've been dry about one year. The first year since I been back from Korea and I had the privilege to work with the mental patients out there. I was doing janitorial work, I was working right with the patients with cards or if they wanted to play cards or whatever.

And as far as other hospitals in other states, it's immaterial to me. We're interested in what we have in our state and I think

1 we have the finest psychologists, psychiatrists. I
2 watched them work and I think that they're ranked in the
3 world and perhaps these other states should come here and
4 study our system.
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6 Today we have a decline in mental
7 health. God knows I hope we have a decline in
8 alcoholism. The thing of it is this is a problem that
9 declines - could decline this month and then who knows
10 what's next month? And if we close down
11 these hospitals what in the hell we going to do, send
12 them to Boston where you visited or send them
13 some place? It just burns me when we get the small minded
14 attitudes. I think it's a bum attire and I think that
15 the people of Minnesota are intelligent enough to know
16 that this problem exists and I think that we do have to
17 have a place for these people with these very brilliant
18 psychologists and psychiatric help that we have.

19 That includes the nurses staff and
20 nurses aide. I seen some of them people I worked at
21 Miller Northrup with the evaluation and I seen some of
22 the cases they've helped. While I was making progress
23 in my treatment program I've seen them making progress in
24 their problem. It was people that couldn't even say
25 nothing when they came in and

1 eventually I would be sweeping the floor and they would
2 say hello. And then a week later or even a month – I was
3 there five months and I give them a lot of leeway. So
4 I've seen them come up and ask if they could help me and
5 this is the work with the brilliance of these doctors that
6 we have.

7 So I don't think we should judge our
8 hospitals by other states. I think it's a waste of
9 money, I think they could save that money and put it into
10 our hospitals.

11 AUDIENCE: I would like to say a few
12 words about what it's like being inside the hospital.
13 Like I'm a patient there and, you know, I think it
14 improved a lot, I think the system could change. I think
15 the stealing could stop, more security could come in.
16 There are a lot of things like the groups aren't really
17 – there isn't much wrong with me and I can't see the
18 groups as being helpful towards other people. In fact,
19 it even bores them and they go in stealing and – I
20 thought about it a lot and they could even build a big
21 fence around it and put more security up and, you know,
22 stop the stealing now. It's like I've had a lot of stuff
23 stolen and that's a big problem. It's a big illness.
24 Instead of reading newspapers they should
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1 have a group on stealing. Thank you.

2 AUDIENCE: I would like to address my
3 comments to Governor Rudy Perpich and the state
4 legislature and that something has to be done about the
5 present commitment laws in this state. It has become
6 next to impossible to commit people who need help
7 desperately. We're led to believe this is done for the
8 help of the patients that it's in his best interest or
9 her, whatever the case may be. I assure you it is not and
10 it is hell for the family..

11 MR. JONES: I'm David Jones, Ogelby,
12 Minnesota. A loss for creation of jobs at the State
13 Hospitals should not be a concern of the State Planning
14 Agency. Hospital employees are able bodied and can find
15 other work in event of lay off. If jobs are created
16 there are people in the work force to be hired. Nor
17 should the affect on a community be of concern.
18 Minnesota is an agriculture state. Agriculture related
19 business should be encouraged, not state hospitals.

20 But my concern is for mentally ill
21 persons. Present planning should be that of making sore
22 hospital beds available at Anoka State Hospital and the
23 other state hospitals for mentally ill persons. Not that
24 of closing hospitals or reducing

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1 hospital size by moth balling hospital buildings. Each
2 time there is a newspaper story about the street people,
3 the homeless the reader is told that a number of them are
4 discharged mental patients. Why were they discharged from
5 the state hospital? The hospital medical director knew
6 the person was not able to care for himself or herself.
7 In most of the suicide stories and many homicide stories
8 it is reported "he or she had been a patient at Anoka
9 State Hospital." Why wasn't he or she still at Anoka
10 State Hospital receiving patient care?

11 Why aren't say the basement level
12 and first floor of the three shut down buildings at Anoka
13 State Hospital activated? These floors could be heated
14 fairly economically. It should be under study by the
15 staff and patients that Anoka State Hospital is a
16 hospital. The patients in there are sick and need care
17 unless illness is being denied, a circumstance that staff
18 members understand and is characteristic of the illness.

19 But in some literature originating
20 at Anoka State Hospital and some from the Department of
21 Public Welfare interchange terms patient and client and
22 resident and home and campus. A mentally ill person is a
23 patient, not a client. For the
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1 mentally ill the only therapy that really works is
2 chemotherapy. The rest is education, not therapy. The
3 land the hospital building are on is the hospital area,
4 not the campus. The dictionary defines campus as open
5 space or fields. As for marshall exercises public shows
6 and so forth or the grounds of a college or school.
7 Correct terms will help create a responsible climate, a
8 responsible climate at Anoka State Hospital.

9 I could say more. It should be easy to
10 be admitted to Anoka State Hospital. The so-called
11 revolving door should be expected. The mental illnesses
12 are episodal and are chronic and acute by nature.

13 MR. NICKSONIN: My name is Andrew
14 Nicksonin and I have been a patient at Anoka since
15 February 25th of this year. I'm 49 years old and was
16 hospitalized for ten years at the Minnesota Security
17 Hospital. I was transferred to the security hospital
18 this year on the month of February 25th. I have some
19 serious concerns and I did hear what this gentleman did
20 say to all of you.

21 When he talks about suicide I don't
22 know if he's ever been mentally ill or if he's ever been
23 a patient or what but you don't necessarily
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1 have to be mentally ill in order to commit suicide. You
2 can commit suicide and not be mentally ill, you can
3 commit suicide while you're in the course of getting
4 mental illness and not realizing it. A lot of people can
5 be mentally ill but don't realize they're mentally ill.
6 A lot of mental ill people say they're not mentally ill
7 but a psychologist, psychiatrist can be aware that they're
8 mentally ill. Crazy people don't realize they're crazy.
9 Crazy people when they're crazy what they do in society if
10 they happen to harm someone, if they happen to do crazy
11 things to them it's normal. A crazy person can do things
12 that as far as they're concerned while they're crazy it's
13 normal to them.

14 But as far as hospitals go, we got
15 quite a few in the State of Minnesota. I'm suppose to be
16 considered dangerous because of my mental illness and
17 that's really concerned me a lot. I spent ten years at
18 the Security Hospital. I was committed there as a
19 mentally ill and dangerous. The Supreme Court amplified
20 that exemption, that statute that was made by the
21 Minnesota legislators. How they said that when a person
22 is committed to the Minnesota Security Hospital they're
23 committed because they're dangerous because of their
24 mental
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1 illness ramifications. The Department of Public Welfare
2 for many years has been dictating a different inception
3 that was never accepted by the legislature and made it
4 into law. They said that when a person is committed to
5 the Security Hospital they're mentally ill but they're
6 dangerous because they committed a crime. On two cases
7 that was brought forth to the Supreme Court, the Chief
8 Justice and all the other justices on the Supreme Court
9 stated that if a person is committed to the Minnesota
10 Security Hospital his mentally ill and dangerous and not
11 mentally ill. How they must be discharged because
12 they're not dangerous any more because they're not
13 suffering from a serious mental illness, disorder in
14 their minds and that they're no longer dangerous because
15 they're not suffering from a serious mental illness
16 disorder.

17 When a person is suffering from a
18 mental disorder it's my understanding what I been reading
19 is the person is dangerous to himself and others. And
20 the Department of Public Welfare hasn't been complying
21 with the Supreme Court's decision and the Welfare
22 Department people who work in the state hospitals are
23 looking upon people who were originally committed to
24 M.I.D. to the Security
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1 Hospital as people who are dangerous. And people who
2 are committed there as mentally ill act crazy but
3 they're mentally ill. In other words, what I want to
4 say is that we have -

5 MS. KARLINS: You have 30 seconds
6 because the bell rang, okay? I'm sorry.

7 AUDIENCE: When I get talking I get
8 talking but I got some good points. Never the less we
9 have a lot of state hospitals in Minnesota and a lot of
10 us are intelligent in this room, most of us I would say
11 and we all know that there has been a patient reduction
12 in all these facilities and that because these people are
13 able to leave these hospitals. Hospitalization should be
14 for people who really need hospitalization, people who
15 are seriously ill. It's just like these private
16 facilities, they keep people in there who are seriously
17 ill and where they get to a point where they can become
18 an out-patient, things like that.

19 But the point is we have too many
20 state hospitals in Minnesota. Politics fascinate me and
21 that was one of the kind of naughty deals that closed
22 Rochester State Hospital.

23 MS. KARLINS: Sir, I'm going to have to
24 cut you off.
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1 AUDIENCE: As far as Anoka State
2 Hospital goes, that facility should remain open because
3 that place has excellent food. That hospital – please
4 don't cut me off yet. The best is yet to come. That
5 place has excellent food and the staff there really care
6 about the patients, they treat you with respect.

7 What I'm saying, there are a lot of
8 state hospitals in Minnesota that are not in this central
9 range. They should close Fergus, they should close
10 Faribault and close Moose Lake and we have a lot of space
11 there in Anoka, they can build new buildings and as far as
12 I'm concerned and bring these other patients from these
13 other hospitals.

14 AUDIENCE: Hi, I don't want to say my
15 name but I'm a patient at Anoka State Hospital and I have
16 been there a while and I just want to say people are there
17 not because they're born sick, they become sick. They
18 become mentally ill, they're not born mentally ill or
19 retarded or whatever. They become mentally ill and a lot
20 of patients out there get help there and it can leave and
21 go on the "outside" world. Not everybody can leave but I
22 think it should stay there.

23 AUDIENCE: My name is John and I'm
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1 an alcoholic, something that hasn't been addressed here
2 too is that Anoka State Hospital does take care of
3 alcoholics and chemically dependent people. They have a
4 program out there that does help alcoholics and
5 chemically dependent people work back into the main
6 stream. This hasn't been addressed yet on the agenda but
7 the program out there I spent a lot of time volunteering
8 my time in the evening in recreation on weekends playing
9 softball with the patients during the summer months,
10 spending time with them up at the hospital, taking a few
11 of them out on hunting trips, I've helped these people
12 come back in the main stream of life where they were
13 derelicts before in their life where alcoholism had more
14 or less wiped them out complete and then seen them come
15 back. It's almost a miracle of God that these people
16 have come back from where they were.

17 And this is something that should be
18 looked at too. We need these treatment centers for the
19 people that do not have the money to go into a place like
20 Golden Valley, St. Mary's where they do not have the
21 insurance because if we have to pay for these people
22 going into the bigger hospitals and that for their
23 chemical dependence for their alcoholism this is going to
24 boost our insurance rates
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1 somewhere along the line. The hospitals are going to
2 boost up their rates, it's eventually going to come back
3 to the residents and citizens of Minnesota. That's
4 something that should be addressed.

5 We need these hospitals, we need the
6 treatment centers, mentally ill people need a place to
7 be. They need a place where they can get back in the main
8 stream of society. If we ship them all down to St. Peter
9 where they're isolated, how are these people ever going
10 to have any contact with us "normal people?"

11 AUDIENCE: My name is Ed and I'm a
12 recovering alcoholic. I agree with that John just said.
13 I'm also a graduate of Anoka State Hospital going on four
14 years. If it wasn't for Anoka State Hospital I'm one of
15 those walking miracles. The thing I see with Anoka State
16 Hospital is instead of thinking about shutting it down to
17 make use of the buildings they have up there, expand their
18 long term treatment program and making way for some half
19 way houses.

20 I was sent before I went to Anoka
21 State Hospital to Moose Lake to go to treatment. If you
22 have anybody in your family that has cancer or
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1 diabetes do you send them far away from their support to
2 try and receive treatment? That's what they want to do
3 down here. They want to send them to Moose Lake. That's
4 no place to send people you're trying to help recover.
5 Anoka State Hospital has the buildings out there, I agree
6 there is four buildings out there that we're paying to
7 heat so the water pipes don't freeze. Let's bring them
8 up to state code, fire code, whatever we have to do.
9 Let's make use of the buildings out there.

10 Like John said, I've known John and he
11 comes up and plays softball with me up there. There is a
12 need for this. If you watch TV now there is commercials
13 every few hours on chemical dependency, drug abuse and so
14 forth and so on. It's becoming more recognized as an
15 illness, not something to be scorned as it once was.
16 Twice a month at least up to the Anoka State Hospital I
17 deal with the M.I. patient in the form of recreation.
18 These are normal people that are trying to work their way
19 back out, that can be of a good service to the community
20 and I see the essential need for halfway houses to help
21 hold the chemically dependent and mentally ill people to
22 make them ready for the rat race out there. We call this
23 normal. What is

1 normal? I don't think there is anyone of us in here that
2 can say I'm normal because we don't know and there is no
3 set standard. By shutting down the Anoka State Hospital
4 you're just like banning the people that have mental
5 illness, chemical dependency you're banning them from
6 this part of the country. You're saying we don't want you
7 around here. I think they should look into spending some
8 money and bring the buildings up to code and bring them
9 into use. Thank you.

10 MS. KARLINS: I want to thank you
11 also for offering some suggestions in terms of other
12 utilizations of the facilities.

13 MS. BURNETT: My name is Mary
14 Burnett, I'm from Anoka State Hospital. I have been out
15 there for a year now. What I want to see done, I want it
16 to be turned into a hotel for Anoka or Minneapolis or
17 whatever residents that's on the way. That's not locked
18 doors and facilities of single rooms and plus double
19 rooms and all that. They got locked doors, it's a good
20 facility for a hotel or motel or whatever we can make out
21 of it.

22 AUDIENCE: I have a recommendation and
23 that is that based on the documentation that this is all
24 for wrong doing, there must be an
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1 earlier system that we're overlooking and that is this
2 right here. A company projects all that comprised world
3 progress the way it should be at best for the greater
4 good we can have so we can know if all is going as it
5 should.

6 MS. BIGGINS: My name is Mary
7 Higgins and I'm here as a member of the Anoka/Blaine,
8 Coon Rapids area League of Women Voters.

9 We adopted the study of the Anoka State
10 Hospital and community relations in May of 1981 and we
11 studied it for a year and a half. And in the course of
12 our study the 60 members of the League considered various
13 documents such as Dr. Sigfred Stillmarker's report,
14 Johnathan Brooks response to the report, several of us
15 attended advisory board meetings that's community board
16 for policy planning and liaison meetings regularly. And
17 we looked at the state hospital as it interacts with the
18 community in as many ways as we could. We talked to city
19 officials and residents and employees also. Also
20 considered the patient population.

21 At the conclusion of our study, we
22 decided that the hospital is of benefit to this community
23 in more ways than one. In more than just
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1 an economic way and that if Anoka did not have the state
2 hospital it would be missed. I wish that our study could
3 have addressed the needs of the patient population but
4 that was not the scope. I hope you'll consider that in
5 your study.

6 MS. KARLINS: Certainly will. Thank you
7 very much.

8 AUDIENCE: I got one more thing I
9 want to say. I got something going on here at Anoka State
10 Hospital that I been trying to state across whatever I'm
11 going to do. I want to state that as a hospital has
12 pills and appliances and needles and medications and
13 everything else and you think what does a junkie use, you
14 know? Those are drugs. They kill. Drugs kill. That's a
15 fact. Thank you. That's all I have to say.

16 MR. WILKAUGER: Hi, I'm Tom
17 Wilkauger from Anoka State Hospital. I think our
18 hospital is a neatest and goodest hospital if we just get
19 to it and keep these buildings going. Maybe get some of
20 those buildings that are closed back open again with more
21 residents and that living in them.

22 I think one thing with the hospital is
23 it's a great hospital and I think that all over

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1 the world that everyone else should have their best if
2 they just keep it cool and I think that with no running
3 away and AWOL's I think we should get the place back to
4 normal. And I hope that Anoka State Hospital can have
5 them empty buildings back to use in no time. That's all
6 I got to say.

7 MR. ERHARD: My name is Pat Erhard and
8 I live in beautiful downtown Coon Rapids. I've had
9 several deals with state insurances and we have in the
10 State of Minnesota quality of live that is second to
11 almost none in other states. Our penal institutions are
12 very, very good and our mental institutions are
13 excellent.

14 He talk about saving dollars and
15 we're not talking about the residents. We have the
16 residents coming up here speaking for themselves but we
17 don't have any of the people that work there that come up
18 there and tell you how much they really care for those
19 residents. And you have to be out there on a day to day
20 basis to see what they have. They've done studies on
21 private institutions on people that are running it for a
22 profit. The turnover on those institutions is 150% a
23 year. You take a look at Anoka State Hospital or any of
24 the other state institutions we have career people that
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1 are dedicated to working hard and long for their
2 residents. They really care.

3 I was out at Faribault State
4 Hospital and they have various degrees of MR's out there
5 and they have DAC's which is day activity centers for
6 those that aren't familiar with the term and they work
7 with these people day in and day out. The staff people
8 are enthusiastic as the patient is - or, yeah as the
9 patient is or they call them residents there when they
10 can tie a shoe or crying out loud. There is a real lot
11 of care and dedication. There has to be.

12 If you were to take a look at the
13 screwed up schedules they got, who would work two days
14 from 11 to 7 and work two more days from 7 to 11. And two
15 days off then they got to come in and work 11 to 7 a.m.
16 shift. My God, you don't have a normal life.

17 I don't know if my three minutes are up
18 yet but I do want to say one more thing. I've had some
19 personal experience with putting someone in an institution
20 and this individual was able to be in private
21 institutions as long as they were no problems at all.
22 The minute they became a problem they sent them to St.
23 Paul Ramsey and Ramsey gave us
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1 a call and said you got to pick her up. She ended up at
2 Anoka State Hospital and that's where a lot of people end
3 up, nobody else wants then when they're too hard to take
4 care of. We got them out there and they're certainly not
5 the cream of the crop but we still love them.

6 MR. GUNNICK: My name is Gary
7 Gunnick and I'm a patient at Anoka State Hospital. And I
8 got a question for you guys. What would happen if you
9 close down Anoka State? Where would you send the people?
10 They're caring and loving patients and staff and
11 everything out there? You know open up the other
12 buildings, you know, make it grow, make a go of it, I
13 don't want to see the patients scattered all over. We
14 were the ones that were in there, we're the ones that we
15 have to live with. The patients, the staff is excellent
16 and just take that into consideration. If you close the
17 State Hospital where will you send the patients? Thank
18 you.

19 MR. REMSTEIN: I'm Ken Remstein,
20 registered nurse Anoka State Hospital. I have a lot of
21 feelings, lot of things I could say. I have a little
22 difficulty organizing them because there is so much and
23 so much I feel.
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1 I'm proud of Anoka State Hospital. I've
2 been there about three and a half years roughly starting
3 after the new administration began. As an employee I'm
4 impressed. I'm proud. Not only of the administration
5 but the psychiatrists that have been hired by the Anoka
6 State Hospital. I'm also proud because we don't only get
7 studied by the State of Minnesota, we're studied by other
8 states. We were studied recently by Ohio State
9 University. We're recognized as leaders not only in the
10 State of Minnesota but nationwide. Specifically an issue
11 was pointed out the issue of patients' rights. I'm proud
12 I think the other employees of the hospital are proud.

13 We work there for the most -- you can't
14 work there unless you have some kind of dedication,
15 you're not going to make it. It gets frustrating. One
16 of the items that frustrates me the most is the
17 misconceptions and stereotypes about the mentally ill of
18 the state hospital systems not just in Minnesota but
19 nation wide. You can see in the newspapers, you can see
20 it in the movies. I guess what I find most frustrating
21 is when there is going to be money cuts it's going to be
22 cut for caring for the rejects of society. And what

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1 frustrates me the most and I guess I feel at times
2 society will cut money to the mentally ill in essence
3 about them from society. I'm proud we care. I personally
4 love them.

5 MR. STOMMEN: My name is Bob
6 Stommen, I don't work at Anoka State Hospital, I work at
7 Moose Lake State Hospital. I agree with this young
8 fellow that just talked about the feelings, the pride
9 that these employees have in their institution and in
10 their work and how they care about patients. And I also
11 agree with the remark I believe you made, Mariam, about
12 the first consideration is the patient in these studies.

13 However, the gentleman that said the
14 consideration shouldn't be given to the employee, I
15 disagree with that entirely because if anybody visits any
16 of these institutes and watches the procedures of the
17 employees with these mentally retarded poor citizens that
18 can't do anything for themselves or mentally ill and
19 others, they can see the dedication, they can see the
20 resources that they have in their employees to take care
21 of these people. I think that's the greatest resource
22 the State of Minnesota has is trained people who do care
23 about the patients. That's all I have.
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1 AUDIENCE: Hi, my name is Tammy and I'm
2 from MICD Anoka State Hospital and I would like to say
3 that the conditions out there aren't the greatest and
4 that there should be some more money given to them so we
5 can have things that we need to make a real hospital.

6 MR. NEWCOME: My name is Roy Newcome and
7 I'm a social worker for Anoka County. One of my major
8 responsibilities is to assist people to get into the
9 hospital when they need it and another is to assist them
10 in discharge with the time comes. I have no real quarrel
11 with the concept of deinstitutionalization. However, I
12 have some real strong doubts about whether the
13 alternatives that are currently in place are really
14 adequate.

15 The major thing that seems to be
16 pushed is Rule 36 halfway houses which people coming out
17 of the hospital can go to in a somewhat protected
18 setting. The problem with this is that first of all we
19 have no Rule 36 halfway house for Anoka County. The
20 halfway houses we do refer to are usually in the poorer
21 districts of Minneapolis or St. Paul and frankly they are
22 very selective in who they'll accept. They want patients
23 or clients who are very stable and not likely to become
24 assaultive
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1 or really psychotic. I've had as many as ten referrals
2 on one client turn the client down and yet the hospital
3 says well he's not really suitable for hospitalization.
4 So this is a very practical problem.

5 There are some mentally ill clients
6 that need long term hospital care. The private hospitals
7 certainly are not a realistic alternative. I think
8 insurers and medical assistance certainly are
9 discriminating against mentally ill diagnoses because
10 they won't pay for anything long term. Therefore, I think
11 that we have a real need for a place like Anoka State.

12 I might mention that some of the
13 clients that recognize they need long term
14 hospitalization would gladly go voluntarily but Anoka
15 State for close to a year has not been able to accept
16 voluntary admissions because of the fact they're over
17 crowded. They don't have space. They take only
18 commitments. You have to prove in court that the person
19 is dangerous to themselves or others and that's a real
20 hardship. I think that instead of talking about closing
21 Anoka State we should be talking about improving,
22 expanding, and making it a better place.

1 MS. FINHEN: Good evening, my name is
2 Becky Finhen and I'm the Director of the Mental Health
3 Consortium on the behalf of the McKnight Foundation in
4 Anoka County. We're working very hard with the policy
5 makers locally to breathe some life into the philosophy
6 of the less restrictive (couldn't hear). We're competing
7 for dollars that are regularly marked for
8 institutionalized. As an advocate for community based
9 services I know Anoka State Hospital serves a very
10 valuable role in the continuum of services. He know the
11 hospital is going to serve a purpose but we need to begin
12 to very collectively stop looking at Anoka State Hospital
13 as a residential option, that the hospital is not a
14 residential option. It is a hospital for people when
15 they're no longer in need of hospitalization, it is going
16 to take dollars in the community that our county
17 commissioners are going to need to look at inter county
18 budgets the state legislators are going to have to put
19 there in order to look at our county budgets and we can
20 stop being perhaps diametrically opposed to the issue of
21 state hospitals versus community base care.

22 Another issue we're dealing very
23 strongly very regularly with are stigma issues and
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1 these kinds of forums where there is a cooperative effort
2 in recognizing the needs for the advocacy services and
3 community based care for people as an option so that
4 people are no longer staying at Anoka State Hospital
5 longer than they need to be. And we don't have the awful
6 situation of people needing to surrender some very clear
7 rights they have in order to receive the care that they
8 need.

9 We're asking at this point in our
10 community for people that are concerned about these
11 issues to be in contact with their policy makers, to let
12 them know that we support social services in the community
13 and we recognize the value of a hospital in our community
14 as well. Thank you.

15 AUDIENCE: Hi, I'm a resident of
16 Anoka County and I haven't done too much volunteer work
17 up at the hospital but I have been on campus or whatever
18 you would like to refer to it as for quite a bit. And
19 what I see is only the patients and only the people who
20 are suppose to be involved are not there. I don't see
21 too many volunteers work up there and I just like to say
22 if changes are needed or wanted in the community that we
23 all have to work for those changes and it doesn't have to
24 be in putting in time. If you have the money and not the
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1 time that is needed just as well and I think that if the
2 community wants change they have to work for it all
3 together. Thank you,

4 MS. MCGRAFLIN: My name is Beverly
5 McGraflin, President of the Anoka State Hospital
6 Auxiliary and I been a volunteer out there for 19 years.
7 We are a small auxiliary compared to most, we only have
8 17 members but we do an awful lot of hard work out thorn
9 and try to get things for the patients that the state
10 won't or can't provide for them. And that we have a lot
11 of - we see both sides of the story with the staff and
12 the patients and I know how caring the staff is, I've
13 seen some of them cry because they couldn't get things
14 for their patients that they needed and that we have
15 several retired members of the hospital staff on our
16 auxiliary plus we have some that are working there
17 currently on the hospital auxiliary and there are many of
18 them here tonight.

19 None of us wants to see the hospital
20 closed. Not because of jobs necessarily or that but just
21 because we want the patients to have the best.

22 MS. SWANG: I'm Evelyn Swang and I have
23 done a lot of volunteer work up at the state hospital and
24 I think it's sad to even think of
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1 closing that place. First of all, they hire a lot of our
2 people, they have a chance to work there and help the
3 patients and the patients come in there to get well and
4 I've worked there volunteering for many years and I hope I
6 can continue and I hope everybody would feel the same way.

6 AUDIENCE: I'm Christine Elgard (ph) and
7 I work at Anoka State Hospital. I have a question for Dr.
8 Wieck. Could you elaborate a little bit on the system in
9 Rhode Island? Do they still have some major large
10 institutions or have all of the monies from mental illness
11 gone into community centers?

12 DR. WIECK: We went to Rhode Island the
13 beginning of August and we spent two days there. We toured
14 some facilities. There is a no lay off protection
15 agreement between the State of Rhode Island and the ASFME
16 Union and the reason to go to Rhode Island was to look at
17 the model agreement and find out how they did that.

18 We spent time with the directors, there
19 were three directors we met who were working with mentally
20 ill people out there. The first was the Director of the
21 Institute of Mental Health, that's a 400 bed facility for
22 mentally ill people.

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1 We also met with the Director of the Community Mental
2 Health System and overall Director of Mental Health
3 Programs. I wish I had my notes here right now. What
4 they're doing is transferring budgets and residents from
5 the institute on mental health to the community mental
6 health center budget and the mental health center's guide
7 does not run group home day programs that the state
8 operates for mentally ill people. They're transferring
9 that money to the community health center system which is
10 different than the mentally retardation side.

11 It seemed it was very interesting
12 because all the services are located in one area there.
13 Also, all the state offices are located on the same
14 grounds or campus as the institute and there is a general
15 hospital at that Rhode Island built the Department of
16 Mental Health, mental retardation. They have some
17 quality assurance mechanisms built into their system that
18 would be of interest here I think. They seem to be
19 progressing towards the institutionalization but they
20 recognize there would always be an institute of mental
21 health and I would gladly share with you other notes that
22 I have. But I guess those are the major findings we had.

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1 MS. RAPPS: My name is Lois Rapps
2 and I live in Anoka. I'm a member of the League of Women
3 Voters and I did visit the State Hospital some of the
4 times that Mary Hickens was out there. He were told here
5 tonight that Anoka County has no halfway houses. I want
6 to know who is responsible for establishing one and why
7 don't we have one? Is there a research person here
8 tonight that could answer this question?

9 MS. KARLINS: Is there anybody here who
10 would like to speak to why there is no halfway house in
11 the Anoka area? Someone from the Social Service
12 Department here?

13 AUDIENCE: To avoid a round of boohs I
14 would like to mention that there is money budgeted, it's
15 going forward to our county board for Rule 36 facility
16 transitional living facility in Anoka County for the
17 people as part of an after care program for state
18 hospitalization.

19 I would also like to mention that as a
20 member of the Community Advisory Board at the Anoka State
21 Hospital I enjoyed serving in that capacity in the last
22 few years. And being in the health field and mental
23 health field for many years it seems like every four
24 years or so there is a lot

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1 of concern, lot of planning, community involvement
2 studying going on to close state hospitals, to reorganize
3 them. And I've observed as a member of the community and
4 also as an employee that it does have little good for
5 morale. The particular programs offered at Anoka State
6 Hospital I would have to agree with many of the people
7 are very high quality programs. The County Board of
8 Anoka County has introduced a resolution in the past
9 supporting the need for that particular type of program
10 as a vital resource in the continuing care for people who
11 have emotional problems. Thank you.

12 AUDIENCE: In 1978 and '79 there was
13 something called an Advisory Committee for Mentally ill
14 Programs at Anoka State Hospital, does that still exist?
15 Can anyone tell me? For instance, there was a Thomas
16 Wilcka, M.D. as a member, is the committee still
17 functioning?

18 MS. KARLINS: Could you answer that?
19 Would somebody else?

20 MR. DALMAN: Arnie Dalman, and yes
21 there is a mental illness Advisory Committee. Dr.
22 Wisecoff is no longer a member.

23 AUDIENCE: Where can I learn or how can
24 I learn the members?
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2 MR. DALMAN: Just call me up and
3 I'll be glad to give you a list of the members, okay?

4 AUDIENCE: I have something else to
5 say. Supposedly mentally ill people are -- I don't know
6 but other people, people in the community are kind of
7 like outsiders. I want every single outsider in this
6 room to go stay at Anoka State Hospital for one month and
9 just see what it is like out there. See if you can get
10 help. See if you can get better or worse or whatever.
11 Just try it out for one month.

12 AUDIENCE: I would like to briefly
13 address the issue relating to the residential options
14 available in our community, particularly to Lois Rapps.
15 I think that that gets to the point that I was trying to
16 make earlier that again we have been in competition for
17 dollars and that when social services priorities are set,
18 clearly legislators here will know there are some
19 mandated services and at this point in time mental health
20 services, although they enter the community social
21 services act for which the counties are responsible for
22 planning, this is a reasonably new concept. There is
23 still some planning going on that all these
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1 dollars following that kind of mandate and in Anoka
2 County right now we're working very hard to get local
3 people to support the need for their tax dollars.
4 Perhaps increased tax dollars I don't know, to provide
5 those kinds of options because they need to come from
6 somewhere and that is a perfect example I think of the
7 kinds of issues that we're up against in terms of getting
8 community based care and presenting alternatives to
9 institutions as they're trying to do their business.

10 AUDIENCE: When you say you travel to
11 Rhode Island and to other states, I'm sure it's just like
12 anywhere else, any other establishment or service and
13 everything is in order. You see the good side of
14 everything, I would suggest that maybe some of the
15 legislators go up to Anoka State Hospital at 8:00 in the
16 evening and just walk in on some of the wards and see
17 what the staff is dealing with. You might have a
18 different outlook that these people need more help, we
19 don't have to rush these people back in society. That's
20 all I have to say.

21 MS. KARLIN: I would like to make a
22 point clear here just to tell or make it clear to
23 clarify -- how is that? I think it should be stated that
24 when the committee went to Rhode Island and to
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1 Michigan, it wasn't because they felt they had better
2 programs, better services or better hospitals. It was
3 because there is a mandate to develop studies, one of
4 which is to determine whether or not the state should get
5 into the business of operating community programs. And
6 so two of the states that developed some programs were
7 looked at to see whether or not it would have any
8 possible relationship to what might be done in Minnesota.
9 It does not relate to whether or not Anoka or any other
10 hospital is closed.

11 What people are looking at is the kind
12 of thing that Becky talked about in terms of alternatives
13 and I think the point she made was a very important one,
14 it's not an either or versus it's a matter of what is
15 best for whom and at what time in the course of their
16 illness or readiness to receive treatment.

17 AUDIENCE: I have a question.
18 Rochester State Hospital closed, correct? What happened
19 to the patients that left Rochester State Hospital?

20 MS. KARLINS: Someone from the
21 Department of Human Services care to answer that?

22 AUDIENCE: I can answer that because
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1 I was a patient there.

2 MS. KARLINS: Let's let the resource
3 people speak.

4 TERRY SERANSON: My name is Terry
5 Seranson and I'm the Director of the Mental Illness
6 Division in the Department of Human Services. When
7 Rochester was ordered by legislature to be closed a very
8 careful study was done of each individual patient and
9 resident that was there and the people that worked on
10 that included the state hospital staff, families and
11 interested parties, and in each case they established
12 what would be the ideal placement for this person at this
13 point and then from that they attempted to speak if they
14 could find that ideal placement and if they could not
15 they would look for the second best or whatever they
16 could find that seemed suitable.

17 I don't have the numbers in front of me
18 but I do recall that the chemically dependency program by
19 simply shutting off admission within a month or two there
20 was nobody there. They had all completed treatment and
21 moved on. With the retarded people a number of them were
22 transferred to other state hospitals such as Faribault
23 was the closest to home. With the mentally ill we found
24 generally did
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1 not have a lot of resources for people. A few of them
2 were placed in their own homes or in nursing homes. A
3 large number of geriatric patients in Rochester were
4 transferred up to Moose Lake where there is an excellent
5 geriatrics program. But each case was handled to the very
6 best of the ability of the team to find the best placement
7 they could find at that time. A great deal of work by
8 some very capable people. That's what happened.

9 AUDIENCE: Looking at the results of
10 that solution, was it satisfactory? Would it have been
11 better not to have closed?

12 AUDIENCE: That's a political
13 judgment the legislature made. What I would say about it
14 is that I would have to disagree very strongly with the
15 way it was done. There was very little lead time, it was
16 very disruptive to the patients and employees and
17 families and community of Rochester. That is certainly
18 not the way to do it.

19 If there is every to be another closing
20 or a change of function, hopefully we'll know better and
21 we won't do it that abruptly. We did find especially I
22 know more about the mentally ill placement we were up
23 against very limited alternatives for people and
24 sometimes we had to pick
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1 second or third best because we couldn't find what would
2 have been ideal. If there is ever another one I hope we
3 learn from the experience how not to do it.

4 MS. BURTON: My name is Sue Burton and
5 I work at Anoka State Hospital. I volunteered out there
6 for one year before working out there and I'm also a
7 student and I feel that the staff out there is the best
8 model I could ever have to become a psychologist.

9 I have another comment about the
10 halfway houses and why we don't have any. I would like
11 you to go door to door in Anoka and find out who would be
12 willing to have a halfway house next door to them and
13 also with moving all the patients to Moose Lake or to St.
14 Peter like a CD patient you're losing their support and I
15 spent an hour with a patient last night who was in tears
16 and hasn't eaten in two weeks and won't talk to anybody
17 all because her brother can't come to see her. Now if
18 she moves to Moose Lake nobody will be able to come and
19 see her.

20 MS. DOWIN: My name is Gladys Dowin, I'm
21 an employee at the Anoka State Hospital and you were
22 asking for suggestions about buildings is one
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1 thing and I think one of the things that we could do to
2 help people the most. And we have an old nurses
3 dormitory there that certainly could use being brought up
4 to code and used for an independent living situation for
5 patients as a halfway house before going back to the
6 community.

7 He bring our patients up to the
8 highest levels that we can and then they lose too much in
9 the transition to the community because they don't feel
10 they fit in. They're afraid and they come back and we
11 got the revolving door syndrome. I think if we had this
12 type of a facility on the grounds to help them learn to
13 be more independent, use the bus system, libraries,
14 resources in the cities and in the surrounding
15 communities we would find and also learn how to take
16 their medications and understand them on their own, we
17 would find we would have less people returning.

18 AUDIENCE: I have been volunteering on
19 a one to one basis for a year up at Anoka State Hospital
20 and I'm associated with the staff and they have shared
21 with me things that made the interaction more valuable
22 and more useful. But I think too that's true that the
23 hospital gets them to a certain level and then the best
24 thing the hospital can do is

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1 a halfway house in Minnesota or St. Paul which I have
2 visited. Those programs are the best they can be and I
3 think the one I saw was directed by a very fine man. But
4 what I see of these young people is particular needing is
5 working and if the nurses dorm was made into a halfway
6 house that was just mentioned and described there is fear
7 after a period of time out in the community and they need
8 help. They need a lot of help but I think some of them are
9 ready for part time jobs to show themselves what they can
10 do.

11 They don't have an opportunity to do any
12 of the things like part time jobs or there is a little bit
13 of work they can do there in horticulture I know but it's
14 limited and housekeeping tasks. But they need to get out in
15 the community and a setting where it's safe for them for an
16 individual family or small business or whatever. There are
17 tasks they can do and if they could work a little bit and
18 test themselves, but that period between discharge from the
19 hospital and being totally independent they need an awful
20 lot of help and I believe that the community as individuals
21 and groups could certainly do a lot about that and have it
22 right here.

23 MS. SHOVILEK: My name is Kitty
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1 Shovilek and I work at Anoka State Hospital in the
2 Industrial Therapy Department. One of the things I don't
3 think has been addressed tonight is the fact that we have
4 an awful lot of therapies going on out at the hospital
5 and if people were sent to smaller places in the
6 community these things wouldn't be available or if they
7 would be available it would be at a tremendous cost. At
8 industrial therapy we help our patients get use to a job
9 situation, starting them out an hour a day and working
10 them up to approximately four hours a day. And a lot of
11 the other therapies are very valuable too and wouldn't be
12 available for them in the community except at great cost.

13 We have recreational therapy and
14 occupational therapy. The horticulture that was
15 mentioned. We have a gentleman that runs some gardening
16 and does some amazing things with some of our people that
17 have been there a long time and they come hawking their
18 wares and selling their cucumbers and are very proud of
19 themselves and it's a very important thing that I don't
20 think will be available for them in the community unless
21 you put many, many more dollars into it than I think
22 people are willing to do.

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1 AUDIENCE: Just to reply, I wasn't
2 discounting what you do, I think it's great. But I was
3 talking about a step beyond it.

4 AUDIENCE: I would like to speak to you
5 for just a moment as a former legislator. As I tried to
6 determine what was the reason for the closing of Anoka
7 State Hospital - legislation that occurred in 1979, and
8 '80, and '81 and '82 I came to the conclusion that at the
9 outset was the concern that Anoka State Hospital was not
10 doing the job in the proper manner so there could be the
11 pride that you've seen an out pouring of here tonight.

12 We accomplished the taking away of that
13 hindrance with the cooperative efforts of the Department
14 and the collective branch selected the finest chief
15 executive officers and finest medical director in America.
16 They in turn took the bushel of the light of the staff
17 and that staff radiates with pride today. {can't hear.}

18 But there are really two things then
19 that occurred to me as we continued to face the closure
20 of Anoka State Hospital. And those two had to be the
21 philosophy that institutionalization should not be
22 permitted to continue and the other was that there was a
23 less expensive way of caring

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1 for those precious souls who don't have any other place
2 or any other way or any other person to take care of them
3 than those folks that we're surrounded by tonight. There
4 isn't a way to provide that service at less cost in my
5 judgment and I've look and searched those records and
6 there isn't a way at less cost. I'm not sure that less
7 cost is the right answer because we have an opportunity at
8 Anoka State Hospital to even do more with the excellence
9 that we now have within the facility that isn't being
10 properly utilized which has been referred to. I'm not
11 sure that the philosophy that you heard stated here that
12 there needs to be community based facilities, the semi-
13 independent living units. I'm not sure that in any way
14 can those units accommodate many of the folks that are
15 treated, rehabilitated or perhaps extended period of time
16 at an institution like Anoka State Hospital. I don't see
17 another answer.

18 I applaud the legislature for taking
19 steps which makes very deliberate a very deliberate
20 approach to the closing of a state hospital but
21 that's exactly what we have here tonight and through
22 the State of Minnesota this interim period we have the
23 preliminary steps to
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1 closing of additional state institutions. I call your
2 attention to the fact to you Miriam and those from the
3 Department who are here that there has never been a time
4 when the need is greater than it is in Minnesota or in
5 the nation for the care and handling of those people who
6 have destroyed their lives, have some hope for returning
7 to society, but face absolute total failure if they don't
8 have an institution that has the specific skills and the
9 loving care that an institution such as Anoka State
10 Hospital can provide. There has never been a greater
11 need than there is today.

12 AUDIENCE: I would just like
13 everybody here to know that with normal people the
14 treatment is much harder to get through because they're
15 already alright. It's very expensive. Why can't all
16 expensive but much is wasted in that pursuit. And also
17 you're approaching this whole thing from the wrong view.
18 You're waiting until all the wrong has been done and then
19 timing is terrible instead of going before and guiding in
20 such a way as childhood, adolescent training, there is a
21 lot of things that would avert this whole situation. And
22 I think we're going across regular general public cross
23 sections and trying to determine - trying to
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1 straighten the people out where the problem is more with
2 extremists and radicals, those kinds of circumstances.

3 MR. SNYDER: I talked briefly before and
4 I didn't identify myself. My name is Floyd Snyder but I
5 would like to follow up on my comments regarding the
6 commitment and if there is some legislators here tonight
7 who are involved in this procedure, if they still feel
8 they have done the right thing. If they know it or not
9 they're getting credit from all of the officials when you
10 try to get a very disturbed person committed they all say
11 their hands are tied, the legislature did it to us. How
12 in hell does one person or family go about getting state
13 laws changed and they should be changed and if there is
14 somebody here that has served on mental health committees
15 or whatever and could address that I would sure
16 appreciate hearing their comments.

17 MS. KARLINS: Do I understand
18 correctly that what you're really trying to find out is
19 how an individual who wants to get the commitment
20 procedure changes goes about doing that?

21 MR. SNYDER: Getting the laws
22 changed, yes, to make it possible.

23 MS. KARLINS: Any legal begals here?

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1 BOARD PERSON: You have taken the first
2 step. Obviously, you have to make those and make it known
3 to those of us who have some responsibility in the area.

4 MR. SNYDER: I've talked to quite a
5 number of years -- over the years not yourself but
6 several state legislators.

7 AUDIENCE: I would like to say that
8 people such as him who have -- I'm a staff member at
9 Anoka State Hospital and a former patients' advocate out
10 there my job as an advocate was to protect patient's
11 rights that was my prime concern. I understand what
12 you're saying and there are some groups in the State of
13 Minnesota which perhaps can help you. The Mental Health
14 Advocates Coalition, the Mental Health Association, and
15 perhaps another one that do have support groups for
16 people, Reach Groups run by the Mental Health
17 Association. So there are other kinds of groups.

18 BLAKE: My name is Blake and I'm a
19 patient in the CD long term Anoka State Hospital. I have
20 a few things to say. One of them is that I'm grateful
21 there is a place like this for people like me to go to
22 have another chance at life again. The program they have
23 up there is unlike any other I've
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1 bean through and they have a place there for — I have a
2 job during the day, I can make a few bucks to make ends
3 meet and it's within the inner city also which is
4 important for me so on the weekends I can go see my
5 family. My family can come out for I guess it's a family
6 night deal they have where they help my family to
7 understand alcoholism.

8 And another important thing for
9 Anoka State Hospital which the city here is it's close to
10 a lot of towns and cities where people live that are in
11 the hospital right now and I've gained a lot of new
12 friends since I've been there. And I would hate to have
13 to go back to a town say from Moose Lake back to
14 Minneapolis and have to leave all these people behind and
15 have to travel that far just to see them again.

16 And it's also important for the
17 after care and the importance of halfway houses has been
18 stressed here tonight and I think that's an issue that
19 should be really recognized and considered and I myself
20 I'm going to try to stay at Anoka, try to find a dry
21 house for other alcoholics and myself that are recovering
22 and this is something I need to be around these people
23 that I meet that I can get support from and to be around
24 places that
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1 have community collages and a vocational school also where
2 I might be able to further my education. Thank you.

3 AUDIENCE: My name is Ed and a lot of
4 people that are here that are acquainted with chemical
5 dependency, alcohol destroys brain cells and I tend to
6 forget. The one thing I wanted to impress is a few of
7 the people have stated here is that Anoka State Hospital
8 is kind of a last stop between an individual and the
9 cemetery. The people that have no insurance, no jobs to
10 pay their way, that want to get help. The waiting list as
11 has been heard here is very long. I've had the occasion
12 the last couple of months a couple of friends that have
13 tried to go into chemical dependency and were told there
14 was at least a two week waiting list.

15 All the employees at the State Hospital
16 who truthfully are dedicated people because I've had the
17 honor of working with not only the staff of the CD, also
18 with the other employees of the Anoka State Hospital.
19 The one other question that really comes to my mind is I
20 heard the statement that the need for funding for halfway
21 houses and so forth and I think that's what this meeting
22 is probably about. About the state hospital

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1 because of the lack of the money in the state. But the
2 question comes to mind that it was not too long ago we
3 had a 10% surtax cut back and all of a sudden we started
4 offering amnesty to people who are delinquent in their
a taxes. Where is all the money we had in the surplus now
6 coming from? Thank you.

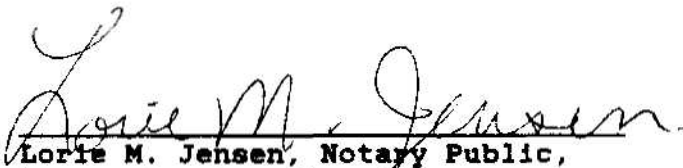
7 MS. KARLINS: He want to be sure that
8 everything is on record and everybody has an opportunity
9 to be heard. There is nothing sacred about 9:30 but I
10 don't want to cut this off before everybody has had their
11 chance to state what they want to state. Are there any
12 other comments, questions, or suggestions? Well, if not
13 it's a warm night and it's a big crowd and thank you
14 very, very much.

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1 STATE OF MINNESOTA)
2) SS:
3 COUNTY OF RAMSEY)

4 BE IT HEREBY KNOWN, That I, Lorie M.
5 Jensen, Notary Public, Ramsey County, Minnesota took the
6 foregoing proceedings. That the foregoing Forty Nine (49)
7 pages are a true and correct copy of my stenograph notes taken
8 to the best of my ability.

9 Dated this 2nd day of October, 1984.

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11 
12 Lorie M. Jensen, Notary Public,
13 Ramsey County, Minnesota.
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